

APPENDIX D

FORMS

2008

Stillwater County and Columbus, Montana

SUBDIVISION PRE-APPLICATION MEETING

AUTHORITY FOR PRE-APPLICATION REQUIREMENT: MCA 76-3-504(1)(q); Stillwater County Resolution 99-12; Town of Columbus Ordinance No. 306; Stillwater County and Town of Columbus Subdivision Regulations, General Procedures (A)(3); and County and Town Growth Management Plans. Pre-application meeting must take place no longer than thirty days after Planning Office receives written request for such meeting.

DATE: _____ **NUMBER OF LOTS:** _____ **TAX ID#** _____

SURVEYOR/ENGINEER, ADDRESS, TELE NO., AND EMAIL: _____

LANDOWNER'S NAME, ADDRESS, TELE NO., AND EMAIL: _____

PROPOSED NAME & LOCATION OF DEVELOPMENT (SECTION, TOWNSHIP, RANGE): _____

CHECKLIST:

- ___ Review fees (\$550 + \$250 per lot; \$200 for Final Plat; preliminary and final plats fire review fees (variable)
- ___ Submittal schedule and estimate of public hearing date before Planning Board _____
- ___ List of public utilities and reviewing agencies (Response from public utilities and reviewing agencies due by seven working days before Planning Board meeting at which proposal will be considered.) Utilities serving site: _____
- ___ Preliminary Plat Checklist Form and Weed Form provided
- ___ Floodplain requirements
- ___ Fire Dept and County Road and Bridge Dept written concurrence require for final plat
- ___ Names/addresses of existing residences and property owners on or adjacent to site on preliminary plat
- ___ Variances requested
- ___ Parkland requirements
- ___ Show existing fence lines and buildings on-site and within 100 feet of site
- ___ Subdivision Improvements Agreement (SIA), with Waiver of Protest as last page, and Weed Plan
- ___ Color aerial showing lot lines
- ___ Primary Review Criteria (Subdivision Regulations, Appendix A Sections II and III) for minor plats—Include taxes paid before subdivision and estimates of tax from completed, built subdivision
- ___ No final plat signature blocks on preliminary plat
- ___ One copy of DEQ submittal, including Grading and Drainage Plan, one 24x36" of preliminary plat, and one 11x 17" copy of preliminary plat

SIGNATURE OF LANDOWNER or ENGINEER/SURVEYOR: _____

SIGNATURE OF PLANNER: _____

Stillwater County, Columbus, Montana
APPLICATION AND CHECKLIST
PRELIMINARY PLAT

SUBDIVISION NAME: _____ **NO. OF LOTS:** _____

LEGAL DESCRIPTION (PMM Stillwater County): _____

TAX ID #: _____

Application:

Pre-Application meeting held: _____

Date preliminary plat is submitted: _____

Date preliminary plat application deemed complete: _____

Preliminary plat (1 copy 24"x 36" and one copy 11 x 17") to include on face of plat:

- ___ Name of subdivision, scale, north arrow, location, 1/4 section, section, township, range, principal meridian and county, landowner, and date.
- ___ Adjacent tracts of record, landowners and zoning (if un-zoned so indicate)
- ___ Section corners, lines and 1/4 section lines
- ___ Lots and blocks designated by number with approximate dimension and size
- ___ Approximate total net and gross acreage
- ___ Locations of all existing fences, buildings, trees, rock out cropping, open water, wetlands, and utility lines on or within 100' of site
- ___ Major vegetation on or within 100' of site
- ___ Flood plain delineation, if needed
- ___ Existing and proposed streets, alleys, roads, intersections/accesses, and public parks or other common areas
- ___ Vicinity map to include legible road names, section number, and distance to nearest town
- ___ Metes and bounds location (or recorded reference) and identity of existing easements on and adjacent to site
- ___ Location and description of existing agricultural water user facilities, ditches, and easements
- ___ Elevations with contours at five-foot intervals on tracts larger than one acre (may be interpolated from USGS data).
For one-acre tracts or less, contours at two-foot intervals for all areas of planned improvements. If flat, spot elevations at three locations across plat to show lay of land
- ___ Approximate location of all existing and planned improvements such as water/sewer/storm drain facilities/roads
- ___ Color aerial of site showing lot location

Preliminary Plat Supplements (one copy of each):

- ___ Environmental Assessment
- ___ DEQ submission information/application
- ___ DEQ approval if available
- ___ Grading and Drainage Plan
- ___ Private Road Name Form

- ___ Subdivision Improvements Agreement (SIA) (always required):
- ___ Existing and planned improvements
- ___ Construction timing
- ___ How improvements are financed
- ___ Weed plan
- ___ Fire fighting water provision with letter of concurrence from appropriate Fire Department
- ___ Legal and physical access
- ___ Documentation of water, mineral, and development rights ownership and use ☐
- ___ Statement of rural emergency services availability and time of response
- ___ Phasing--if any
- ___ Park requirement (land, improvements, or cash-in-lieu)
- ___ Name of natural gas, electric, and telephone providers
- ___ Mailbox and addressing provisions
- ___ Rural Special Improvements District for Maintenance (RSID-M) paperwork for any new public access roads (all roads intended for public use must be labeled "public access road"), and for parkland, central water or sewer systems, and dry hydrant maintenance. See Appendix E for sample.
- ___ Draft Articles of Incorporation, By-laws, and Covenants (if any)
- ___ Certificate of Abstract (one-copy less than 30 days old)
- ___ Draft Findings of Fact for minor subdivisions

Signature of Applicant or Agent: _____ Date: _____

Staff:

If application incomplete, date applicant notified: _____

Notice to subdivider, service providers and reviewers, and adjacent property owners sent: _____

- ___ School Superintendent
- ___ Water and Sewer
- ___ Fire Department
- ___ Ambulance
- ___ Utilities
- ___ Law Enforcement
- ___ Road Superintendent
- ___ MDT
- ___ GIS
- ___ Solid Waste
- ___ Weed Supervisor
- ___ Montana FWP
- ___ Post Office
- ___ DNRC
- ___ Ditch Company
- ___ Findings of Fact

Planning Board recommendation date: _____

BOCC decision date: _____

Decision mailed to required parties: _____

COMMENTS: _____

Stillwater County and Columbus, Montana
FINAL PLAT APPLICATION AND CHECKLIST

TO BE COMPLETED BY APPLICANT:

SUBDIVISION NAME: _____ **LOTS:** _____

LEGAL DESCRIPTION: _____

SURVEYOR/ENGINEER: _____ **TAX ID#** _____

- ___ 2 Mylars (submit paper check print first)
- ___ Final Plat Review Fee: \$200
- ___ Final Fire Fee: \$200
- ___ Clerk and Recorder's Filing Fee: \$5 + \$ 0.50 per lot
- ___ Title Policy Less Than 30 Days Old
- ___ DEQ/County Health Approval Letter (original)
- ___ Subdivision Improvements Agreement, Waiver, and Weed Form (originals) with Notarized Signatures and County Commissioners' Signature Block
- ___ Certification of Installed Improvements by Professional Engineer (if applicable)
- ___ Articles of Incorporation, By-Laws, Covenants, and Proof of State Registration
- ___ Grading and Drainage Plan (original)
- ___ Consent to Subdivide (if applicable)
- ___ Proof of Taxes Paid for Full Year from Treasurer's Office
- ___ Letter of Credit

TO BE COMPLETED BY PLANNING OFFICE:

Date Received: _____

- ___ BOCC Approval of Preliminary Plat Letter
- ___ Surveyor's Certification
- ___ County Treasurer's Signature Block
- ___ Landowner's Statement
- ___ County Commissioner's Signature Block (all 3)
- ___ Permission Letters from Entities with Interest of Record
- ___ MDT Compliance/County Road and Bridge Compliance, as appropriate
- ___ Findings of Fact
- ___ Clerk and Recorder Signature

Planning Process Completed: _____ Date: _____

Stillwater County Planning Department

PO Box 881 809 East 4th Avenue North

Columbus, MT 59019

Phone (406) 322-8050 Fax (406) 322-1118

stillwaterplanning@stillwater.mt.gov

**APPLICATION FOR EXEMPTION AND CHECKLIST
CERTIFICATE OF SURVEY/EXEMPT OR AMENDED PLAT**

TO BE COMPLETED BY APPLICANT

LEGAL DESCRIPTION: _____

NUMBER OF LOTS CREATED/AFFECTED: _____ **TAX ID#:** _____

APPLICANT'S NAME, ADDRESS, AND CONTACT NUMBER:

I affirm that this exemption claim is **not** an attempt to evade the Montana Subdivision and Platting Act and the Subdivision Regulations of Columbus or Stillwater County.

I recognize that I may be subject to penalty if my actions are deemed to be an effort to evade subdivision review, as set forth in the Montana Code Annotated 76-3-301(3), 76-3-105, 45-7-201, and 45-7-202.

Signature of Applicant

Date

TO BE COMPLETED BY PLANNING OFFICE

___ 2 Mylars, 1 paper copy ___ Taxes current ___ Treasurer's signature

___ Review fee: \$200 ___ Recording fee: \$5.00 + .50 per lot

___ DEQ/County Sanitarian ___ Mortgage letter ___ Deed: \$7.00 for Quit Claim

___ Evasion criteria checked by: _____ Date: _____

COMMENTS: _____

IRREVOCABLE LETTER OF CREDIT

Letter of Credit No. _____

Date

Stillwater County

Or

Town of Columbus

Gentlemen:

We hereby establish in your favor our Irrevocable Letter of Credit # _____ for the account of _____ (Developer), available by your drafts at sight up to an aggregate amount of \$ _____. Should _____ (Developer) default or fail to complete the improvements under the terms specified in the attached subdivision improvements agreement for _____ (Name of Subdivision) we shall pay on demand your sight draft or drafts for such funds, to the limit of credit set forth herein, as are required to complete said improvements.

All drafts must be presented prior to (Expiration Date) and this Letter of Credit must accompany the final draft for payment. Drafts drawn hereunder must be by sight draft marked:

“Drawn under (Lending Institution) Letter of Credit # _____ dated (Date of Letter of Credit), ”and the amount drawn endorsed on the reverse hereof by the lending institution.

Unless otherwise stated, this Letter of Credit is subject to the Uniform Customs and Practices for Commercial Documentary Credits (1993 Revision) International Chamber of Commerce. We hereby agree with the drawers, endorsers and bona fide holders of the drafts drawn under and in compliance with the terms of this Credit that these drafts will be duly honored upon presentation to the drawee.

This letter of credit may not be withdrawn or reduced in any amount prior to its expiration date except by your draft or written release.

(Lending Institution)

(Signature and Title of Official)

CERTIFICATE OF COMPLETION OF PUBLIC IMPROVEMENTS

I, name of subdivider, and I, name of registered professional engineer, licensed to practice in the State of Montana, hereby certify that the following public improvements required as a condition of approval of subdivision, have been installed in conformance with the attached engineering as-built plans:

List improvements

_____/_____
Signature of Subdivider Date

_____/_____/_____
Signature of Professional Engineer Date Registration No. Engineer's Seal

GRANT OF ACCESS EASEMENT

THIS INDENTURE, made and entered into this ____ day of _____, 20 __, by and between _____, of _____, Montana, hereinafter referred to as the “Grantor”, and _____ (subdivider) of _____, Montana, hereinafter referred to as the “Grantee.”

THE GRANTOR does hereby give, grant and convey unto the Grantee, its successor and assigns, the right, privilege and authority to construct, reconstruct, maintain, operate, repair, improve, and to travel upon and use, a road and its necessary fixtures and appurtenances through, over, and across a corridor, 60 feet wide, shown on the attached certificate of survey, extending across the following described tract(s) of land:

(legal description of Grantor's property over which easement is granted)

THIS GRANT of right and authority shall run with the said property and be binding on the Grantor, its successors, all subsequent owners and any parties having right, title, or interest in the said property.

IN WITNESS WHEREOF, the Grantor has hereunto set his hand this ____ day of _____, 20 ____.

Grantor

STATE OF MONTANA)
) ss.

County of _____)

On this ____ day of _____, 20 ____, before me, the undersigned, a Notary Public for the State of Montana, personally appeared _____, known to me to be the persons whose name is subscribed to the within instrument and acknowledged to me that they executed the same.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed my Notarial Seal this ____ day of _____, 20 ____.

Notary Public for the State of Montana
Residing at _____, Montana
My commission expires _____

STILLWATER COUNTY NOXIOUS WEED MANAGEMENT AGREEMENT

The following are requirements that apply to all subdivisions in Stillwater County.

Please call the Weed District at least a week ahead of when you would like the inspection done.

There is a basic non-refundable fee payable to the Stillwater County Weed District of \$100 for the inspection and additional \$25/hour after the first hour.

A map of the proposed subdivision of at least 8.5 x 14 (legal) in size **must** be made available to the Weed district prior to an inspection.

Inspections done November through April are not conclusive, due to time of year and growth stage of noxious weeds.

Inspections are usually done by foot; however they may also be done by pick-up or four-wheeler when deemed necessary.

You are encouraged to go over the findings of the inspection with the Weed Coordinator.

The Stillwater County Weed District will forward a signed original to the planning office and a copy to the named Sub divider, a 2nd original will be kept on file at the Weed District office. If additional copies are needed, please let the Weed District know in advance.

This noxious weed management Agreement and Noxious Weed Management Plan are binding documents and the Sub divider(s)/landowner(s) must abide by the terms of this Agreement.

No untreated stockpiles of gravel or soil. No noxious weed contaminated material be removed from the site and placed in an area not infested with noxious weeds.

Any disturbed areas including adjacent right-of-ways must be revegetated in a timely manner with a certified noxious weed seed free mix as to prevent noxious weed establishment.

Sub divider/Landowner must, according to MCA 7-22-2116 (2) when property is offered for sale, notify the owner's agent and the purchaser of the existence of noxious weeds.

Sub divider/ Landowner agrees to control all noxious weeds according to the Montana County Noxious Weed Control Act, MCA 7-22-2116 and to the standards specified in

the subdivision Noxious Weed Management Plan on all properties and rights-of-way. The plan is subject to future revisions of the County Noxious Weed Management plan.

If formation of a homeowners association is required, the homeowners association will be responsible for noxious weed control in common/shared areas such as roads and parks.

Upon approval, the Sub divider/Landowner understands they are responsible for control and or eradication of noxious weeds or until such a time that a homeowner's association is formed.

If you have any questions please call the Weed District Office at 322-1106

Signed_____ Date_____
Sub divider/Landowner

Signed_____ Date_____
Stillwater Weed Coordinator

Appendix D, Form 9 WILDLAND FIRE RISK AND HAZARD SEVERITY ASSESSMENT FORM

Assign a value to the most appropriate element in each category and place the number of points in the column on the right.

<u>Element</u>	<u>Points</u>
A. Means of Access	
1. Ingress and Egress	
a. Two or more roads in/out	
0 _____	
b. One road in/out	7
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2. Road Width	
a. ≥ 7.3 m (24 ft.)	0
<hr/>	
b. ≥ 6.1 m (20 ft) and < 7.3 m (24 ft).	2
<hr/>	
c. < 6.1 m (20 ft)	4
<hr/>	
3. All-Season Road Condition	
a. Surfaced road, grade $< 5\%$	0
<hr/>	
b. Surfaced road, grade $> 5\%$	2
<hr/>	
c. Non-surfaced road, grade $< 5\%$	2
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d. Non-surfaced road, grade $> 5\%$	5
<hr/>	
e. Other than all-season	7
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4. Fire Service Access	
a. ≤ 91.4 m (300 ft.) with turnaround	0
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b. > 91.4 m (300 ft) with turnaround	2
<hr/>	
c. < 91.4 m (300 ft) with no turnaround	4
<hr/>	
d. ≥ 91.4 m (300 ft) with no turnaround	5
<hr/>	
5. Street Signs	
a. Present {10.2 cm (4 in.) in size and reflectorized}	0
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b. Not present	5
<hr/>	
B. Vegetation (Fuel Models)	
1. Characteristics of Predominate Vegetation Within 91.4 m (300 ft.)	
a. Light (e.g., grasses, forbs, sawgrasses, and tundra)	5
<hr/>	
NFDRS Fuel Models A, C, L, N, S, and T	

b.	Medium (e.g., light brush and small trees)	10
	<hr/> NFDRS Fuel Models D, E, F, H, P, Q, and U	
c.	Heavy (e.g., dense brush, timber, and hardwoods)	20
	<hr/> NFDRS Fuel Models B, G, and O	
d.	Slash (e.g., timber harvesting residue)	25
	<hr/> NFDRS Fuel Models J, K, and L	
2.	Defensible Space	
a.	More than 30.48 m (100 ft) of vegetation treatment from the structure(s)	1
b.	21.6 m to 30.48 m (71 ft. to 100 ft.) of vegetation treatment from the structure(s)	3
c.	9.14 m to 21.3 m (30 ft. to 70 ft.) of vegetation treatment from the structure(s)	10
d.	<9.14 m (30 ft.) of vegetation treatment from the structure(s)	25
<hr/>		
C. Topography Within 91.4 m (300 ft.) of Structure(s)		
1.	Slope <9%	1
2.	Slope 10% to 20%	4
3.	Slope 21% to 30%	7
4.	Slope 31% to 40%	8
5.	Slope >41%	10

WILDLAND FIRE RISK AND HAZARD SEVERITY ASSESSMENT FORM (continued)

<u>Element</u>	<u>Points</u>
D. Additional Rating Factors (rate all that apply)	
1. Topographical features that adversely affect wildland fire behavior _____	0-5
2. Areas with a history of higher fire occurrence than surrounding area due to special _____ situations (e.g., heavy lightning, railroads, escaped debris burning, and arson)	0-5
3. Areas that are periodically exposed to unusually severe fire weather and strong dry winds _____	0-5
4. Separation of adjacent structures that can contribute to fire spread _____	0-5
E. Roofing Assembly	
1. Class A Roof _____	0
2. Class B Roof _____	3
3. Class C Roof _____	15
4. Non-rated _____	25
F. Building Construction	
1. Materials (predominate) a. Noncombustible/fire-resistive siding, eaves, and deck (see Chapter 8) 0 _____	
b. Noncombustible/fire-resistive siding and combustible deck _____	5
c. Combustible siding and deck _____	10
2. Building Setback Relative to Slopes of 30% or More a. >9.14 m (30 ft.) to slope 1 _____	
c. <9.14 m (30 ft) to slope _____	5
G. Available Fire Protection	
1. Water Source Availability a. Pressurized water source availability 1892.7 L /min (500 gpm) hydrants \leq 304.8 m (1000 ft) apart _____	0
946.4 L/min (250 gpm) hydrants \leq 304.8 m (1000 ft.) apart _____	7
b. Non-pressurized water source availability (off site) _____	
\geq 946.4 L/min (250 gpm) continuous for 2 hours _____	3
<946.4 L/min (250 gpm) continuous for 2 hours _____	5

	c. Water Unavailable	10
<hr/>		
2.	Organized Response Resources	
	a. Station \leq 8 km (5 mi.) from structure	1
	b. Station >8 km (5 mi.) from structure	
<hr/>		
3		
3.	Fixed Fire Protection	
	a. NFPA 13, 13R, 13D sprinkler system	0
	b. None	5
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H.	Placement of Gas and Electric Utilities	
1.	Both underground	0
<hr/>		
2.	One underground, one above ground	3
<hr/>		
3.	Both above ground	5
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I. Totals for Home or Subdivision (Total of all points)

<u>Hazard Assessment</u>	<u>Total Points</u>
Low Hazard	<40
Moderate Hazard	40 – 69
High Hazard	70 -112
Extreme Hazard	



STILLWATER COUNTY GIS DEPARTMENT

PO Box 1287
Columbus, MT 59019
(406) 322-8060 Fax: (406)322-8070

Carol Arkell
GIS Coordinator
carkell@stillwater.mt.gov

Private Road Name Form

Choices of a Road Name:

1st Choice _____

2nd Choice _____

3rd Choice _____

Name, address, and phone number of individuals living off this road:

Name	Address	Phone Number

SIGNATURES OF INDIVIDUALS AFFECTED BY ROAD NAME AND/OR LIVING OFF
OF THIS ROAD:

Portion below to be filled out by E-911 Committee:
E-911 Committee meeting date: _____

Road Name Selected: _____

Date individual notified by mail: _____

**Please return this form completed to: GIS Department
PO Box 1287
Columbus, MT 59019**



STILLWATER COUNTY GIS DEPARTMENT

PO Box 1287
Columbus, MT 59019
(406)322-8060
Fax: (406)322-8070

Carol Arkell
GIS COORDINATOR
carkell@stillwater.mt.gov

STILLWATER COUNTY APPLICATION FOR A PHYSICAL ADDRESS

Date: _____

Owner of Record: _____

Mailing Address: _____

Phone: _____

Legal Description: Township _____ Range _____ Section _____

Subdivision (If applicable)

Tract / Lot (If applicable) _____

Type of Dwelling: House Mobile Home Barn Shop Other

Access is located off of what road?

Nearest address located to your dwelling:

Do you have a driveway in place yet? _____yes _____no

If no, then do you know the location of where your driveway will be? _____yes _____no

*If you do know where your driveway will be put in, please mark the location with a flag or stake and indicate here if you have done so: _____driveway staked

Without the physical location of a driveway we cannot issue a physical address

Return to:
Stillwater County GIS DEPARTMENT
P.O. Box 1287

Application Fee:
\$25.00

Columbus, MT 59019